

*Stephenson*

SYLLABUS  
*Book 1* OF  
A COURSE OF LECTURES  
ON  
Diseases of the Eye,

AT THE  
NEW-YORK OPHTHALMIC HOSPITAL.  
SECOND EDITION,

BY  
**Mark Stephenson, M. D.**

Fellow of the New-York Academy of Medicine; Member of the  
American Medical Association; Surgeon of the  
New-York Ophthalmic Hospital, &c.

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Hospital open on Tuesdays, Thursdays, & Saturdays, from 1 to 3 o'clock P.M.

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NEW-YORK :

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1855.

# Extracts from the Medical Press.

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From J. V. C. Smith, M. D.

Editor of the Boston Medical and Surgical Journal, and late Surgeon to the Massachusetts Eye and Ear Infirmary.

*Diseases of the Eye.*—Dr. Stephenson, Surgeon of the New-York Ophthalmic Hospital, has published a Syllabus of a Course of Lectures on Ophthalmic Medicine and Surgery, which indicates the thoroughness of his labors. Students cannot very well sit under his daily instruction, and not become familiar with the multifarious forms of disease to which the eyes are incident. The first division takes cognizance of the appendages of the eye, the apparatus of man; and the second, of the organs themselves. It is honorable distinction to be a good Oculist. No branch of medicine is more profitable, or held in higher public estimation; and in a country so vast as ours, there is room enough for many of this order of Practitioners, without interfering with each other. With this view of the case, more of our well-qualified young practitioners might devote themselves to this particular speciality. Some scarcely procure a living under their present arrangement of doing all work, who would excel by directing the entire force of their minds to the contemplation of one family of diseases.

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From Nelson's Northern Lancet.

*Ophthalmic Surgery.*—We are indebted to Dr. Mark Stephenson, one of the Surgeons of the New-York Ophthalmic Hospital, for a copy of the Syllabus of a Course of Lectures on Diseases of the Eye, which he has just completed. These efforts on the part of gentlemen of acknowledged merit and science, to systemize and teach thoroughly departments of medicine at best cursorily attended to in the majority of our schools, should command the cordial support of the profession; and we are pleased to see that a just and merited estimate has been placed upon Dr. Stephenson's labors. Let us have scientific specialists, the antique encyclopedic wisacre of the Gazette to the contrary notwithstanding. Don't give up your Lectures, Doctor!

Box 1

# SYLLABUS

OF

## A Course of Lectures

ON

### OPHTHALMIC MEDICINE AND SURGERY,

SECOND EDITION, REVISED AND ENLARGED

BY

*Presented by  
A. E. M. Purdy*

Mark Stephenson, M. D.

Surgeon to the New-York Ophthalmic Hospital.

62671

"To live to purpose, is to be useful."

NEW-YORK:

Printed by D. Fanshaw, 35 Ann-street, corner of Nassau.

.....  
1853.



## INTRODUCTION.

Not wishing to inflict upon the reader a lengthy panegyric usually termed a preface, I propose simply to express a few thoughts in defense of the present publication, with a word of encouragement to my junior pupils.

The unanimous expression of approbation from the medical press in relation to my Syllabus of a course of Lectures on diseases of the eye ; and the no less favorable regard with which it has been received by my numerous ophthalmic pupils, has induced the author to issue a second and much improved edition.

Besides some corrections and additions which have been made in the pathological and operative part of the work, I have added a complete synopsis of the anatomy of the eye and its appendages, which was not in the former edition.

I have also inserted blank leaves for the convenience of those who may wish to take notes in the lecture room, or copy recipes at the clinics.

A glance at the subjects and technical terms embraced in this vocabulary, might at the first view discourage the young student ; but upon a more deliberate examination of the work, it will be found that the divisions of the subjects, as well as the nomenclature of the diseases, although differing in some respects from any other pathologist, are all founded upon anatomical principles, or pathological appearances. The classification of diseases instead of embarrassing, will be found to

## INTRODUCTION.

simplify the subjects, and the medical pupil will be astonished, at the readiness with which he grasps this extensive department of medical science. He will also be no less gratified than amazed at the rapid progress which he makes, in each succeeding step, in his course of study.

The various topics embraced in these lectures will be illustrated by a splendid collection of anatomical models and pathological casts imported from Paris ; also by Delrymple's magnificent work on the Pathology of the Eye, giving over 200 different views ; the engravings of which surpass anything which has yet appeared from the London press.

Besides paintings and dissections of morbid and healthy tissues, an extensive opportunity for the practical diagnosis and treatment of diseases of the Eye, will be afforded to each member of the class, at the New-York Ophthalmic Hospital.

M. S.

167 *East 14th street.*

## ANATOMY OF THE EYE.

The apparatus composing what is usually termed the organ of vision, may be divided into the *appendages* of the Eye ; and the *Eye proper*.

### Appendages.

- 1st. Bones composing the walls of the orbit ; foramina, &c.
- 2nd. Cilia or Eye lashes—bulb, sheath, &c.
- 3rd. Supercilia or Eye brows—Shape and use.
- 4th. Integuments—differing from common integuments elsewhere.
- 5th. Cellular Tissue.
- 6th. Orbicularis Palpebrarum—relations, use.
- 7th. Tarsal Cartilages—Shape, Ligaments.
- 8th. Meibomian Glands—Position, No. & Ex. ducts.
- 9th. Conjunctiva—Palpebral, sclerotic and corneal.
- 10th. Sub conjunctival cellular tissue.
- 11th. Levator Palpebræ Superiosis.—Origin, Inser. use.
- 12th. Rectus Supe. Infe. Inter. Exter.       “       “       “
- 13th. Obliquious Supe. Inferior.       “       “       “
- 14th. Tunica Vaginalis Oculi.
- 15th. Lachrymal Apparatus.
  - 1st. Lachrymal gland and ducts.
  - 2nd. Caruncula and Lacus Lachrymarum.
  - 3rd. Puncta Lachrymalia and Lache. canals.
  - 4th. Tensor Tarsi vel Musculus sacci Lachry.'s.
  - 5th. Lachrymal Sac.
  - 6th. Nasal duct.

## 16th. NERVES.

1st. Motores Communes Oculorum.

2nd. Pathetici.

3rd. Ophthalmic,  $\left\{ \begin{array}{l} \text{Lachrymal.} \\ \text{Frontal.} \\ \text{Nasal.} \end{array} \right.$ 

4th. Aducentes.

5th. Facial.

6th. Infra Orbital.

## 17th. OPHTHALMIC ARTERY.

1st. Branch Lachrymalis.

2nd. " Centralis Retinae.

3rd. " Ciliares.  $\left\{ \begin{array}{l} \text{Brevis.} \\ \text{Longæ.} \\ \text{Anterior.} \end{array} \right.$ 

4th. " Muscularis Superior and Inferior.

5th. " Supra Orbitalis.

6th. " Palpabiales, Sup'r. and Infe'r.

7th. " Nasalis vel Inter'e. Canthus.

8th. " Frontalis.

## 18th. VEINS.

These accompany the arteries, are equally numerous and receive the same names.

**Eye Ball.**

The coats, and partition between the chambers of the eye, are composed of fibrous, cellular, serous, vascular and nervous tissues. In addition to which there are *three humours* within its *three* investing membranes or coverings.

1st. The	Corneal	{	1st. Cornea proper.
outer, or			2d. Cellular tissue.
Fibrous	Sclerotic.	{	3d. Cornea elastica.
coat.			4th. Serous membrane.
			1st. Its fibres, their course, &c.
			2d. Its foramina.
			3d. Its articulation.



- |  |   |   |
|--|---|---|
| 2d. The middle or<br>vascular Tunic.             | { | 1st. Layer venous.<br>2d. " arterial.<br>3d. The Ciliary processes.<br>4th. Membrani Pigmentum.                           |
| 3d. The Internal or<br>nervous Tissue.           | { | 1st. Serous membrane.<br>2d. Nervous do<br>3d. Vascular do  |
| 4th. The Iris, or courtani<br>within the<br>Eye. | { | 1st. Fibers—Radiating and circular.<br>2d. Surfaces—Ant. and Post.<br>3d. Margins—Int. and Ext.<br>4th. Ciliary Ligament. |
| 5th. Aqueous Humor.                              | { | 1st. Location.<br>2d. Quantity.<br>3d. Qualities.   |
| 6th. Crystalline Humor.                          | { | 1st. Location.<br>2d. Shape.<br>3d. Capsule.<br>4th. Structure.<br>5th. Use.  |
| 7th. Vitreous Humor.                             | { | 1st. Consistence.<br>2d. Quantity.<br>3d. Hyaloid membrane.   |

# SYLLABUS OF LECTURES.

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## FIRST DIVISION

OR

### **Diseases of the Appendages to the Eye.**

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#### **I. Ophthalmia Tarsi.**

Definition.

Synonymes.—Tinea Ciliaris—Lippitudo—Psorophthalmia, Blepharoblenorrhoea Senilis—Lamitte or miasmatic Ophthalmia—Ophthalmia Psorica—Blepharitis Scrofulosa.

Varieties. { Catarrhal.  
                  { Strumous.

#### 1st CATARRHAL.

Causes. { Predisposing.  
          { Exciting.

Symptoms. { Objective.  
              { Subjective.

Prognosis.

Treatment. { Constitutional.  
              { Local.

#### 2d STRUMOUS.

Varieties. { Tinea.  
              { Lippitudo.

(Mod. 7, Fig. 5.)

## DISEASES OF THE APPENDAGES.

### 1st Variety. Tinea Ciliaris.

- Causes. { Predisposing.—A disease of childhood.  
 { Exciting.  
 Symptoms. Objective.

(Vide Delrymple. Plate 1st. Fig. 3. Plate 2d. Fig. 1st.)

#### Pathology.

- Sequale. { Contraction of Tarsal Cartilages.  
 { Madarosis, &c.  
 Treatment. { Constitutional—Diet, Clothing, &c.  
 { Local

### 2d VARIETY.—LIPPITUDO.

- Causes. { Predisposing—Exanthematous diseases, neglected Ophthal'a.  
 { Exciting—Bad diet, foul air, debauchery, Cold, &c.  
 Stages. { Acute.  
 { Subacute.  
 Symptoms. { Objective.  
 { (Vide Plate 1. Fig. 1. Plate 2. Fig. 2. Et Mod. 7. Fig. 5.)  
 { Subjective.  
 Treatment. { Medical.  
 { Surgical.

## II. Trichiasis.

- Causes—Sequale of Ophthalmia Tarsi.  
 Pathology—Seat of disease in the bulbs of the cilia.  
 Diagnosis—Methods of detecting them.  
 Prognosis—Unfavorable to the cornea if neglected.  
 Treatment. { Palliative.  
 { Radical.

**III. Distichiasis.**

- Varieties. { Partial.  
Total.
- Causes. { Cicatrices of the tarsi after Variolus Ophth'ia.  
Psorophthalmia, &c.
- Diagnosis—Distinction between Trichiasis and Distichiasis.
- Treatment. { Surgical—Cauterization, Evulsion, Excision.  
Mode of operating, &c.

**IV. Hordeolum.**

- Definition.
- Pathology.
- Stages. { Inflammatory.  
Suppurative. (Vide Mod. 5. Fig. 1.)
- Treatment. { Constitutional.  
Local.  
Radical.

**V. Tumor Tarsi.**

- Pathology.
- Objective appearances.  
(Vide Plate 4. Fig. 2. Mod. 6. Fig. 3.)
- Treatment—Surgical—best method for their removal.

**VI. Tumors of Conjunctiva Oculi.**

- Objective appearances.  
(Vide Plate 4. Fig. 4. Mod. 5. Fig. 6.)
- Treatment—Surgical—mode of operation.

**VII. Excrescences, &c.**

- Varieties. { Warts, Horns upon Tarsi, &c.  
Nevi Materni.  
Phthiriasis, or Pediculus Ciliorum.  
(Vide Plate 5. Fig. 1.)  
(Vide Plate 6. Fig. 6.)

Treatment. { Surgical.  
                  { Medical.

### VIII. Xerosis Conjunctivæ.

Definition.

Causes.

Symptoms. { Objective.  
                  { Subjective.

Prognosis.

Treatment—Palliative.

### IX. Syphilitic Ulcers of Tarsi.

Symptoms—Objective.

(Vide Plate 5. Fig. 3. Mod. 7. Fig. 4.)

Diagnosis.

Treatment.

### X. Symblepharon.

Symptoms—Objective.

(Vide Plate 3. Fig's. 3 and 4.)

Varieties. { Partial.  
                  { Complete.

Causes.

Treatment—Surgical operation.

### XI. Anchyloblepharon.

Varieties. { Direct or Indirect.  
                  { Simple or Complicated.  
                  { Conjenital or Acquired.

Causes—Mechanical or Chemical.

Treatment—Surgical operation—after treatment.

**XII. Ectropeon.**

(Vide Mod. 7. Fig. 6.)

- |            |   |              |   |
|------------|---|--------------|---|
| Varieties. | { | 1            | With tumefaction of Palpebral Conj'a.             |
|            |   | 2            | " Elongation of Tarsal Cartilage.                 |
|            |   | 3            | " Cicatrices of the skin.                         |
|            |   | 4            | " Adhesions to the margin of the orbit.           |
| Treatment. | { | 1st Variety— | Palliative, Surgical.                             |
|            |   | 2d           | " Operations of Dorsey, Adams and Deffenbough.    |
|            |   | 3d           | " Methods of Chelius, Jones, Walther, and Horner. |
|            |   | 4th          | " Method of Prof. Ammon.                          |

**XIII. Entropeon.**

- |            |   |      |   |
|------------|---|------|---|
| Varieties. | { | 1st. | Entropeon Seniles with relaxation of Integ's. and spasum of Orbic's. Palpm.       |
|            |   | 2d.  | With Transvers. Contrac'n. of Tarsal Cartilages, indurations, irregularities, &c. |
| Treatment. | { | 1st. | Mechanical, Surgical, Excision, Cicatrization, Section of Orbic-Palp.             |
|            |   | 2d.  | Methods of Ware, Tyrell, Crampton, and Iager.                                     |

**XIV. Pterygium.**

(Vide Plate 3. Fig's. 2 and 3. Mod. 5. Fig's 2 and 3.)

- |            |   |      |                            |
|------------|---|------|----------------------------|
| Varieties. | { | 1st. | P. Tenue vel membranosa.   |
|            |   | 2d.  | P. Crassum vel musculosum. |
|            |   | 3d.  | P. Pingue.                 |

Cause.

Prognosis.

- |            |   |             |
|------------|---|-------------|
| Treatment. | { | Palliative. |
|            |   | Radical.    |

**XV. Diseases of the Cutaneous and Cellular Tissues.**

1st. Erysipelatous Inflam'n. of Lids.

(Plate 7. Fig. 3.)

2d. Edema of the Lids.

(Plate 7. Fig. 2.)

3d. Ecchymosis Subcutaneous.

(Mod 6. Fig. 1.)

4th. do. Subconjunctival.

(Plate 7. Fig. 1.)

5th. Serous Chemosis.

(Plate 7. Fig. 4.)

### XVI. Ptosis.

Synonymes. Blepharoptosis—Blepharoplegia.

Imbecillitas Palpebrarum.

Varieties. { 1st. Hypertrophy of the Lid.  
2d. Paralysis, Idiopath'c. or Symptom'c.  
3d. Traumatic.  
4th. Conjenital.

Treatment. { 1st. Medical and Surgical.  
2d. "  
3d. and 4th. Surgical.

### XVII. Lagophthalmos.

Varieties. { 1st. Caused by Cicatrices.  
2d. " " Paralysis Orbic. Palp.

Treatment. { 1st. Variety by Blepharoplastic operation.  
2d. " " Medical or Palliative.

### XVIII. Strabismus.

Causes.

Diagnosis—Distinction between it and Luscitas.

Varieties. { 1st. Convergens.  
2d. Divergens.  
3d. Sursumvergens.  
4th. Deorsumvergens.  
5th. Complicated.

Treatment—Surgical, different methods—steps of the operation. &c.

**XIX. Diseases of Lach'l. Gland.**

1st. Inflammation.

2d. Scirrhus.

3d. Hypertrophy.

4th. Functional Derang's.	{	Lach'l. Xeroma.
		Epiphora.

**XX. Hypertrophy of Caruncula Lach's.**

Causes.

Varieties.	{	Innocent.
		Malignant.

Treatment.

**XXI. Inflam'n. of Lach'l. Sack and Duct.**

Causes.

Varieties.	{	Subacute.
		Acute.

Symptoms.

Stages.	{	First or Forming.
		Second or Suppurative.

Prognosis

Sequale.	{	Stricture of nasal duct with Stillicidium
		Lach.
		Fistula Lachrymalis.

Treatment—Medical, Mechanical, Surgical. Method  
of dilating the stricture, operation for Fistula.



**XXII. Conjunctivitis.**

(Vide Delrymple's Engravings, Plates, 7, 9, 10 &amp; 13.)

1st Conjunc.	Simplex.	{ Subacute.
		{ Acute.
2d Conjunc.	Puro-Mucosa.	{ Catarrhal.
		{ Purulent.
		{ Neonatorum.
		{ Gonorrhœal.
3d Conjunc.	Exanthemita.	{ Pustular.
		{ Variolus.
		{ Morbillous.
		{ Scarlatinous.
		{ Erysipalitous.
4th Conjunc.	Scrofulosa.	{ Synonymes—Strumous, or
		{ Phlyctenular Ophthalmia.
5th Sequelæ of Puro-Mucosa.		{ Hypertrophy of Papil-
		lœ of the Superior
		Palpebral Conjunc'a.
		and Meibomian fol-
		licles.

Causes.

Symptoms.

Diagnosis.

Prognosis, and

Treatment of each variety.

## SECOND DIVISION

OR

### Diseases of the Eye Proper.

---

#### I. Corneitis.

Varieties. { 1. Subacute.  
2. Acute.  
3. Scrofulous.

Causes.

Symptoms.

Diagnosis.

Prognosis.

Treatment.

Sequelæ. { 1. Ulceration.  
2. Nibula.  
3. Albugo.  
4. Lucoma.  
5. Staphyloma, (partial or complete.)  
6. Conical cornea.  
7. Sloughing.  
8. Prolapsus Iridis.  
9. Synechia Anterior.  
10. Onyx.  
11. Hypopyon or Unguis.  
12. Fistula.  
13. Atrophy.

#### II. Sclerotitis.

Varieties. { Simple.  
Rheumatic.

Causes.

Diagnosis.

Prognosis.

Treatment. { Local.  
                  { Constitutional.

### III. Iritis.

Varieties. { Idiopathic.  
                  { Symptomatic.  
  (Mod. 3. Fig. 1.)

Causes. { Local.  
                  { Constitutional.

Stages. { Acute.  
                  { Subacute.

Symptoms—Modified according to the variety.

Diagnosis—Of momentous importance.

Prognosis. { Good or bad depending upon the variety,  
  constitution and stage.

Sequelæ. { 1st Effusion of Lymph.  
                  { 2d Synechia Ant. or Post.  
                  { 3d Occlusion.

Treatment. { 1st. To arrest inflam'n.  
                  { 2d. " promote absorption of Lymph.  
                  { 3d. " guard against contraction or clo-  
  sure of pupil.  
                  { 4th. When closed to form an artificial pu-  
  pil, either by Incision, Excision, or  
  Separation, with the steps and rela-  
  tive merits of each operation.

### IV. Occlusion of Pupil.

Varieties. { Simple.  
                  { Complicated.

Artificial { Cases in which an operation is justifiable.  
Pupil. { Location and size of the new pupil.  
          { Time of life best adapted to an operation.  
          { Instruments and methods with the relative  
                  merits of each operation.



Symptoms. { Objective—Radiated, Aborescent, and of  
different colors. [ &c.  
Subjective—Growth, sight, effect of light,  
Diagnosis—May be mistaken for Amaurosis, Glaucoma,  
or deposition of Lymph.  
Prognosis—Favorable, or not depending upon the com-  
plication, &c.  
Division—Four species and several varieties.

Species.

Varieties.

1st. Lenticular.	{	Hard.
		(Mod. 1. Fig. 1.)
		Soft.
		(Mod. 1. Fig. 8.)
	{	Fluid.
2d. Capsular.	{	Anterior.
		(Mod. 1. Fig. 4.)
		Posterior.
		(Mod. 1. Fig. 2.)

3d. Capsulo Lenticular.

4th. Morgagnian.

Treatment, Operative. { 1st, by Dislocation.  
2d, " Division.  
3d, " Extraction.

Preparatory Treatment—Comparative merits of each operation. Also the variety of cataract best suited to each mode of operation.

1st. Dislocation.	{	Depression.
		(Mod. 9. Fig. 3.)
	{	Reclination.

Steps of the operation.	{	1st, Introduction of needle through the cornea or sclerotic.
		2d, Revolution of needle.
		3d, Division of capsule.
		4th, Displacement.
		5th, Withdrawal.

2d. Division, or Solution.	{	Anterior operation or Keratonyxis.
		(Mod. 9. Fig. 4.)
	{	Posterior operation or Scleratonyxis.

3d. Extraction by section of the Cornea.  $\left\{ \begin{array}{l} \text{1st. Superiorly.} \\ \text{2d. Inferiorly.} \\ \text{3d. Obliquely.} \end{array} \right.$   
 (Mod. 9. Fig's. 1 and 2.)

Stages in the operation.  $\left\{ \begin{array}{l} \text{1. Incision of the Cornea.} \\ \text{2. Laceration of the Capsule.} \\ \text{3. Removal of the Lens.} \end{array} \right.$

After treatment.

### **IX. Hydrophthalmia.**

Definition.

Varieties.  $\left\{ \begin{array}{l} \text{1st. In the Anterior and Posterior Cham-} \\ \text{bers.} \\ \text{2d. In the cells of the hyaloid membrane.} \end{array} \right.$   
 (Vide Mod. 7. Fig. 2.)

Causes.

Symptoms—Objective and Subjective.

Diagnosis.

Prognosis.

Treatment.

### **X. Glaucoma.**

Definition.

Causes.

Symptoms—Objective and Subjective.

Diagnosis.

Prognosis.

Pathology.

Treatment.

## **XI. Diseases of the Retina.**

### **1st RETINITIS.**

Varieties.  $\left\{ \begin{array}{l} \text{Subacute.} \\ \text{Acute.} \end{array} \right.$

Causes.

Symptoms—Subjective.

Diagnosis.

Prognosis—Usually very unfavorable.

Treatment.

2d AMAUROSIS. *in lat. in brown*

Definition.

Synonymes—Gutta Serena of the Arabians.

Varieties. { Functional.  
Organic.Causes. { 1st. Depending upon the nervous apparatus  
of the Eye.  
2d. Depending upon some other organ, as the  
Stomach or Brain.Symptoms—Duration, continued, or intermittent stage  
of disease.Diagnosis—How distinguished from Cataract and  
Glaucoma.Prognosis—Favorable or not, depending upon the  
cause.Treatment. { Constitutional.  
Local.

Symptoms.

Diagnosis.

Prognosis.

Treatment.

**XIII. Abnormal Visual Sensations.**Causes. { Dependant upon a disturbed state of the brain  
and nervous apparatus, or mal-conforma-  
tion of the transparent media.Varieties. { 1st. Myosis.  
2d. Mydriasis.  
3d. Tremulous Iris.  
4th. Muscæ Volitantes.  
5th. Hemeralopia.  
6th. Nyctalopia.  
7th. Hemipopia.  
8th. Diplopia.  
9th. Photopsia.  
10th. Chromatopsia.  
11th. Myopia.  
12th. Presbyopia.

**XIII. Malignant Diseases of the Eye.**

(Mod. 8. Fig's. 1, 2, 3, 4.)

Varieties. { Fungous Hematodies Oculi.  
 { Melanosis.  
 { Carcinoma.

Causes,  
 Symptoms.  
 Diagnosis.  
 Prognosis.  
 Treatment.

**XIV. Exterpation of the Eye.**

Under what circumstances justifiable—Mode of performing the operation.

**XV. Artificial Eyes.**

Rules to be observed in regard to their use—Mode of introducing, and the withdrawal of them.

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THE NEW-YORK

**OPHTHALMIC HOSPITAL,**

Is open every TUESDAY, THURSDAY and SATURDAY, from 1 to 3 o'clock,  
 P. M. for the Benefit of the Poor who are afflicted with

**DISEASES OF THE EYE.**







# TESTIMONIAL

From the Members of the

## OPHTHALMIC CLASS

For 1854-55.

---

*Resolved*:—That we highly appreciate the Professional and Gentlemanly deportment of Drs. Stephenson and Garrish, the attending Surgeons of the New-York Ophthalmic Hospital; not only in their skilful and humane attention to the afflicted poor; but also in their readiness to impart clinical instruction to the members of the New-York Ophthalmic School."

*Resolved*:—That the New-York Ophthalmic Hospital and School are not the least among the numerous advantages which the city of New-York affords to medical pupils, over that of any other on the continent of America."

*Resolved*:—That we have listened with great satisfaction to the instructive Course of Lectures recently delivered by Dr. M. Stephenson, on Ophthalmic Medicine and Surgery at the Hospital, who may justly be considered its principal founder; that we shall long remember, not only his ardent devotion to this very important branch of medical science; but also his affectionate and pathetic remarks in bidding farewell to the members of his class."

G. F. THOMPSON, M. D. }  
J. SIMPSON, M. D. } Committee.  
H. L. KELLEY, M. D. }

*Extracts from the published  
resolutions of the class.*

New-York, March 1, 1855.

From the New-York Medical Gazette.

"Dr. Stephenson has published a Syllabus for the use of his class. All such efforts deserve encouragement, and we wish him success in his persevering endeavors."

# MEMBERS OF

## DR. STEPHENSON'S

### OPHTHALMIC CLASS FOR 1854 AND 1855.

---

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 Fisher, A. Canada West.

Gamble, A. W. Canada West.

Hamilton, J. Pennsylvania.  
 Hagar, J. (M. D.) California.  
 Heard, J. B. Georgia.  
 Hill, W. North Carolina.  
 Howard, T. M. Virginia.  
 Howell, Wm. S. New-York.

Jenks, J. E. New-York.  
 Johnston, J. D. New-York.  
 Johnson, J. H. Rhode Island.

Kaul, Wm. M. Pennsylvania.  
 Kelly, H. L. Nova Scotia.  
 Kimball, B. W. Maine.  
 Knight, C. C. Connecticut.

Love, J. H. New-Jersey.

Miller, J. A. Georgia.

Nicholson, J. British America  
 Nordquist, C. J. New-York.

Ogden, E. J. Canada West.  
 Overholts, J. M. Canada West.

Pattison, R. B. Virginia.  
 Phelps, G. A. (M. D.) New  
 Hampshire.

Phillips, J. S. New-York.  
 Pointer, S. C. Tennessee.  
 Potter, H. A. Illinois.

Redwood, R. H. Alabama.  
 Rumbaugh, G. H. Pennsylvania.

Seller, T. S. (A. M. M. D.) Indiana.  
 Simpson, J. Maine.  
 Snodgrass, W. N. (M. D.) Virginia.  
 Skinner, F. R. (A. B. M. D.) N. Y.  
 Spafford, H. W. Canada West.  
 Stephenson, M. P. New-York.  
 Stewart, P. Canada West.  
 Stiles, H. R. (M. D.) New-York.  
 Stone, A. F. New-York.  
 Strong, S. S. New-York.

Terry, D. New-York.  
 Thomson, G. F. Massachusetts.  
 Todar, H. S. (M. D.) Louisiana.  
 Timms, D. (M. D.) Michigan.

Wade, B. H. Virginia.  
 White, I. Canada West.  
 Wilkinson, J. B. Canada West.  
 Winkler, S. N. Georgia.

Yates, Octavius, Canada West.

## Pain in the Eyes & Throats

These Lillians' inflammation of both of their  
throats with more violent & rapid extension of each. They  
tells me about Aug. not yet into Aug. 1881.  
when they at night apply simple drugs. and then &  
the Aug. due to much health. In taking care  
of the throat from the eyes, if a muscle has to be  
dissected out horizontally, then the operation is  
become more labor on the eye side, but the  
always above the muscle, so as not to be  
affraid to open them, but always do it in a line  
with the muscular fibres.

Pain in Lilia, for some time after it was found  
they may pass on the operation. The simplest way  
is to pull them out, but sometimes it is necessary  
to dissect out the bulbs, leaving the eye bulbs  
intact, in view of the operation. In  
training for the eye, will be difficult to take  
on a little piece of the skin, as the operation is  
quite not to take out too much.

Retraction, or rolling over the side, (from  
the case of the last. In this you will have  
to take an electrical position, fully com-  
taining by making a line with the side,  
then working with alcohol to prevent

In young to age, it will then react to  
your narrowness. It is a phenomenon  
of the nature of the eyes, causing the child  
to see.

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